

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

12201815  
APPLICANT(S)

FILING DATE

4-4-05 CLAIMS 4-4-05						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DER.	IND.	DER.	IND.	DER.	
1						51
2						52
3						53
4						54
5						55
6						56
7						57
8						58
9						59
10						60
11						61
12						62
13						63
14						64
15						65
16						66
17						67
18						68
19						69
20						70
21						71
22						72
23						73
24						74
25						75
26						76
27						77
28						78
29						79
30						80
31						81
32						82
33						83
34						84
35						85
36						86
37						87
38						88
39						89
40						90
41						91
42						92
43						93
44						94
45						95
46						96
47						97
48						98
49						99
50						100
TOTAL IND.	12	10	10	10	10	TOTAL IND.
TOTAL DER.	34	24	24	24	24	TOTAL DER.
TOTAL CLAIMS	46	34	34	34	34	TOTAL CLAIMS

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS